



## **Primary Care Provider Loan Repayment Program Program Guidance 2020**

**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans



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## Definitions

**Approved Time Off:** defined as no more than 7 weeks (35 days) per service year.

**Breach of obligation:** the failure to fulfill a service obligation.

**Community Health Needs Assessment:** a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

**Dental Care Services:** the diagnosis, prevention, and treatment of diseases, disorders, and conditions of the oral cavity, commonly in the dentition but also the oral mucosa, and of adjacent and related structures and tissues, particularly in the maxillofacial (jaw and facial) area.

**Federally-Qualified Health Centers:** (otherwise known as FQHCs) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.

**FQHC Look-a-like:** community-based health care providers that meet all HRSA Health Center Program requirements and are part of the Health Center Program but do not receive federal award funding. FQHC Look-a-likes are eligible to apply to the Centers for Medicare and Medicaid Services (CMS) for reimbursement under FQHC Medicare and Medicaid payment methodologies.

**Full-time Service:** defined as 40 hours per week.

**Half-time Service:** defined as a minimum of 20 hours per week not to exceed 39 hours per week.

**Health Professional Shortage Area:** a geographic area, population group, public or nonprofit private medical facility, or other public facility determined by the Secretary of Health and Human Services to have a shortage of health care professionals based on criteria defined in regulation. Information considered when designating a HPSA includes health provider to population ratios, rates of poverty, and access to available health services.

**Judgment lien:** a court ruling that gives a creditor the right to take possession of a debtor's real or personal property as a result of failure by the debtor to fulfill his or her contractual obligations.

**Loan Default:** the failure to repay a loan according to the terms agreed to in the promissory note.

**Mental Care Services:** the assessment, diagnosis, treatment or counseling of an individual or group to alleviate mental or behavioral illness, symptoms, conditions or disorders.

**Non-profit private entity:** an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose.

**Overtime work hours:** defined as hours worked past 40 hours per week full-time, and 20 hours per week half-time.

**Primary Care Services:** a continuum of care not focused or limited to gender identity, age, organ system, a particular illness, or categorical population (e.g., developmentally disabled or those with cancer). Care includes a full range of preventive, acute and chronic primary health services for all individuals, regardless of disease or diagnosis.

**Reasonable educational expenses:** costs of education, exclusive of tuition, (e.g., fees, books, supplies, clinical travel, educational equipment and materials, room and board, and certification/licensing exams), which do not exceed the school's estimated standard student budget for educational expenses for the

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participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered "reasonable educational expenses".

**Reasonable living expenses** include the costs of room and board, transportation, and commuting costs, which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered "reasonable living expenses".

**Service Year:** defined as 52 weeks.

**Uncollectible debt:** debts that have been eliminated because there was no chance of the debt being paid.

**Waiver:** the release of a commitment to complete an obligation.

## General Information

This guidance provides information about eligibility for the Primary Care Provider Loan Repayment Program (Primary Care Provider LRP). Additional programmatic details are provided in the Request for Proposal and the executed contract. There are terms (in blue ink) within this guidance which are hyperlinked to the definitions section of this document or to external links that provide additional information.

### Statutory Authority

[Iowa Code Chapter 135.107](#) establishes the Primary Care Provider LRP under the Iowa Department of Public Health (IDPH). The program functions within the IDPH Deputy Director's Office in the Bureau of Policy and Workforce Services.

### Program Overview

The Primary Care Provider LRP aims to improve access to primary health care among underserved populations by providing assistance with repayment of educational loans to primary care medical, dental, and mental health practitioners. In exchange, practitioners must complete a minimum 2-year service obligation at an eligible practice site/s located in a federally designated [health professional shortage area \(HPSA\)](#). Candidates must meet certain requirements to qualify for the program.

### Funding Source

Funding for this program is provided through Federal and State Loan Repayment funds granted by the U.S. Department of Health and Human Services Health Resources and Services Administration Program [CFDA: 93.165 Grants to States for Loan Repayment](#). Iowa provides 1-1 match with federal funding.

## Candidate Eligibility & Documentation Requirements

Requirements are listed numerically in the following table. The requirements include a description and the corresponding documentation required as part of the application packet.

### **Requirement 1:** Candidate must be a U.S. citizen or U.S. naturalized citizen.

#### **Documentation**

Copy of one of the following:

- Certified copy of the candidate's birth certificate issued by a state or territory of the U.S.
- Valid, unexpired U.S. passport or U.S. passport card
- Certificate of Naturalization
- Certificate of Citizenship

If candidate changed name, copy of certified name change document in addition to proof of citizenship (noted above):

- Marriage Certificate
- Divorce Decree
- Court Order

### **Requirement 2:** Candidate must practice in an eligible discipline.

#### **Description**

**Eligible disciplines are:**

- |  |  |
|--|--|
| ▪ MD: Allopathic Medicine                                    | ▪ LISW: Lic. Independent Social Worker                   |
| ▪ DO: Osteopathic Medicine                                   | ▪ PNS: Psychiatric Nurse Specialist                      |
| ▪ Pharm: Pharmacist  | ▪ LPC: Licensed Professional Counselor                   |
| ▪ NP: Nurse Practitioner/                                    | ▪ MFT: Marriage and Family Therapist                     |
| ▪ ARNP: Adv. Registered Nurse Practitioner                   | ▪ Alcohol and Substance Abuse Counselors (LIC/CRED/CERT) |
| ▪ CNM: Certified Nurse-Midwife                               | ▪ CNM: Certified Nurse-Midwife                           |
| ▪ PA: Physician Assistant                                    | ▪ PA: Physician Assistant                                |
| ▪ RN: Registered Nurse                                       | ▪ RN: Registered Nurse                                   |
| ▪ HSP: Health Service Psychologist (Clinical and Counseling) | ▪ DDS/DMD: General and Pediatric Dentistry               |
| ▪ LCSW: Lic. Clinical Social Worker                          | ▪ RDH: Registered Dental Hygienist                       |
| ▪ LMSW: Lic. Master Social Worker                            |  |

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#### ***Approved Specialties for Physicians***

- |  |                                    |
|--|------------------------------------|
| ▪ Family Medicine/Osteopathic General Pract. | ▪ Obstetrics/Gynecology            |
| ▪ General Internal Medicine                  | ▪ Geriatrics                       |
| ▪ Pediatrics                                 | ▪ Psychiatry General Practitioners |

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***Approved Specialties for Nurse Practitioners and Physician Assts.***

- Adult
- Family
- Pediatrics
- Psychiatry/mental health
- Geriatrics
- Women's health

**Requirement 3:** Candidate must be licensed, board eligible, or board-certified to practice as a health care provider in the state of Iowa.

**Description**

- Candidate must possess documentation of authority to practice within Iowa.
- Candidate must possess documentation of approved specialty, if applicable.
- Candidate may apply with a provisional license or certificate but must have a fully unrestricted license/certificate before an award is granted.

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**Documentation**

1. Copy of Iowa full/provisional professional license or certificate.
2. Copy of approved specialty certificate, if applicable.

**Requirement 4:** Candidate must practice at an eligible practice site/s.

**Description**

**Eligible practice sites are:**

Private Practices (Solo or Group)

Centers for Medicare & Medicaid Services Certified Rural Health Clinics

[FQHC Look-A-Likes](#)

[Federally Qualified Health Centers](#) (FQHCs) may include:

- Community Health Centers
- Migrant Health Centers
- Homeless Programs
- Public Housing Programs

Other Health Facilities may include:

- Community Outpatient Facilities
- Community Mental Health Facilities
- State and County Health Department Clinics
- Immigration and Customs Enforcement Health Service Corps
- Free Clinics
- Mobile Units
- School-based Programs
- Critical Access Hospitals affiliated with a qualified outpatient clinic
- Long-term Care Facilities
- State Mental Health Facilities

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Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs

- Federal Indian Health Service (IHS) Clinical Practice Sites
- Tribal/638 Health Clinics
- Urban Indian Health Program
- IHS and tribal hospitals

Correctional or Detention Facilities

- Federal Prisons
- State Prisons

### **Eligible Practice Sites must:**

- Be a public entity, non-profit private entity, or a for-profit health facility operated by a non-profit organization
- Accept all individuals regardless of their ability to pay
- Accept insurance, including Medicare, Medicaid, and the Children's Health Insurance Program
- Use a Sliding Fee Discount Program and apply a sliding fee schedule that is consistent with [National Health Service Corps Sliding Fee Scale Guidance](#).
- Charge for professional services at the usual and customary prevailing rates (except free clinics).
- Be located in a federally-designated HPSA that corresponds to the provider's discipline.
  - If service obligation includes more than one practice site, **all sites** must be located in a HPSA.
- Have completed a [Community Health Needs Assessment](#) and adopted a long-term development plan.

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### **Documentation**

1. Practice Site Verification Form that attests to all practice site requirements.
2. Copy of sliding fee scale
3. Copy of sliding fee policy

### **Requirement 5: Candidate must agree to service obligation.**

#### **Description**

Service obligation must specify the following **provider** criteria:

- Indicate full-time or half-time employment status, as defined in this guidance.
- Adherence to overtime and approved time off restrictions, as defined in this guidance.

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#### **Documentation**

1. Employment contract **or** Employment Verification Form that attests to all service obligation requirements.

**Requirement 6:** Candidate must have qualifying educational loans.

**Description**

Qualifying educational loans are Government and commercial loans **obtained by the candidate** for actual costs paid for tuition as well as [reasonable educational and living expenses](#).

Loans must be solely applicable to the candidate's undergraduate or graduate education and correspond with the provider discipline submitted for consideration of loan repayment.

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**Documentation**

1. Official transcript or signed statement from educational institution showing dates of attendance corresponding to the educational debt and provider discipline submitted for consideration under this application.

2. Account Statement and Disbursement Report for each student loan submitted for consideration. These documents cannot be dated more than **6 months** from the date of application submission.

- The **Account Statement** provides current information on qualifying educational loans.

The account statement must:

- Be on official letterhead or other clear verification that it comes from the lender/holder
- Include the name of the borrower
- Contain the account number
- Include the date of the statement
- Include the current outstanding balance (principal and interest) or the current payoff balance
- Include the current interest rate

- The **Disbursement Report** is used to verify the originating loan information.

The disbursement report must:

- Be on official letterhead or other clear verification that it comes from the lender/holder
- Include the name of the borrower
- Contain the account number
- Include the type of loan
- Include the original loan date (must be prior to the date of application submission)
- Include the original loan amount
- Include the purpose of the loan

## Other Eligibility Criteria

In the following table are factors that will affect eligibility pertaining to the candidate as well as loans or debt that the candidate may have.

### Criteria 1: Candidate Criteria

#### Candidate must not:

- Have a federal or state [judgment lien](#)/s.
- Have a current [default](#) on any federal payment obligations, even if the creditor now considers them to be in good standing.
- Have [breached](#) a prior service obligation to the federal/state/local government or other entity, even if they subsequently satisfied the obligation.
- Have had any federal or non-federal debt written off as [uncollectible](#) or received a [waiver](#) of any federal service or payment obligation.
- Have an outstanding contractual obligation for health professional service unless that service obligation will be completely satisfied before the Primary Care Provider LRP contract has been signed. **Exception:** Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate. However, additional considerations apply (see [Appendix 1](#)).
  - Health professional service obligation includes:
    - Active military obligation
    - National Health Service Corps Scholarship Program obligation
    - Nursing Education Loan Repayment Program obligation
    - Other State Loan Repayment Program obligation
    - Employer recruitment or sign-on bonus that requires service obligation

### Criteria 2: Loan Criteria

#### Loans/Debt must not be:

- Consolidated or refinanced with another person, including a spouse, or that includes any debt other than another eligible educational loan of the candidate
- Affiliated with a service obligation that will not be complete before submitting an application
- Made by private foundations to individuals
- Already repaid in full
- A Primary Care loan
- A Parent PLUS loan
- A Personal line of credit
- Subject to cancellation
- A residency loan
- Credit card debt

## Award

Candidates are eligible for a maximum award depending on health care discipline.

Eligible Health Care Discipline	Maximum Award
Primary care physician MD/DO <ul style="list-style-type: none"> <li>Family Medicine (and osteopathic general practice)</li> <li>General Internal Medicine</li> <li>Pediatrics</li> <li>Obstetrics/Gynecology</li> <li>Geriatrics</li> <li>Psychiatry General Practitioners</li> </ul> General and Pediatric Dentistry (DDS/DMD) Pharmacist (Pharm)	\$50,000
Nurse Practitioners (NP/ARNP) and Physician Assistants (PA) <ul style="list-style-type: none"> <li>Adult</li> <li>Family</li> <li>Pediatrics</li> <li>Psychiatry/mental health</li> <li>Geriatrics</li> <li>Women's health</li> </ul> Psychiatric Nurse Specialist (PNS) Certified Nurse Midwife (CNM) Health Service Psychologist (Clinical and Counseling) (HSP)	\$40,000
Licensed Master Social Worker (LMSW) Licensed Clinical Social Worker (LCSW) Licensed Independent Social Worker (LISW) Licensed Professional Counselor (LPC) Marriage and Family Therapist (MFT) Registered Clinical Dental Hygienist (RDH) Registered Nurse (RN) Alcohol and Substance Abuse Counselors (certified)	\$30,000

## Application

Depending on availability of funds, funding opportunities are listed in the State of Iowa grants management system (IowaGrants). The Primary Care Provider LRP funding opportunity is released as a request for proposal (RFP) that details the expectations and requirements for completing an application. All applications are completed and submitted within the IowaGrants system. Typically the RFP is posted

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annually in the fall with contracts beginning the following January. However, **service credit begins when the contract period starts.**

Once the application period has closed, applications are reviewed and awards are issued. Only eligible candidates who successfully submit the required documents and forms are considered for an award. Additionally, eligibility criteria may include priority designations, which are noted in the RFP.

## Documentation Checklist

Use this checklist as an aid to submitting your request. Each document listed is linked to the Candidate Requirements and Documentation section of the Primary Care Provider LRP Program Guidance.

- ☐ [Copy of one of the following:](#)
  - [Birth Certificate](#)
  - [Passport](#)
  - [Naturalization Form](#)
- ☐ [Copy of Certified Name Change \(if candidate changed name\)](#)
  - [Marriage Certificate](#)
  - [Divorce Decree](#)
  - [Court Order](#)
- ☐ [Copy of Iowa full/provisional professional license or certificate](#)
- ☐ [Copy of professional specialty certificate, if applicable](#)
- ☐ [Copy of signed employment contract or Employment Verification Form \(provided\) that attests to all participant and practice site requirements](#)
- ☐ [Copy of sliding fee scale and policy](#)
- ☐ [Official transcript or signed statement from educational institution showing dates of attendance corresponding to the educational debt and provider discipline submitted for consideration under this application](#)
- ☐ [Account Statement and Disbursement Report for each student loan submitted for consideration](#)

### NOTES:

## Resources

1. U.S. Department of Health & Human Services Poverty Guidelines - <https://www.hhs.gov/>
2. HRSA Data - <https://data.hrsa.gov/>
3. Federal Student AID - <https://studentaid.gov/>
4. IowaGrants - <https://www.iowagrants.gov/index.do>

## Appendix 1 Considerations for Reserve Component of the U.S. Armed Forces or National Guard Candidates

- The following considerations apply to candidates who are in the Reserve Component of the U.S. Armed Forces or National Guard:
- Placement opportunities may be limited in order to minimize the impact that a deployment would have on the populations served by the reservist.
- Military training or active duty performed by reservists does not satisfy the service commitment.
- If participant's military training and/or active duty, in combination with the participant's other absences from the practice site, exceed 35 workdays per service year, the service obligation must be extended to compensate for the break in service.
- If the practice site where the reservist is serving at the time of deployment is unable to reemploy the reservist upon return, the reservist may be reassigned to another practice site to complete the remaining service commitment.

[Back to Other Eligibility Criteria](#)